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**TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/650,326 (Conf. No.: 6882)
Filing Date	August 28, 2003
First Named Inventor	Keith A. Hruska
Art Unit	1649
Examiner Name	Christina M. Borgeest
Attorney Docket Number	JJJ-P01-599 (STK-P01-599)

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Notice of Appeal) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Request for Continued Examination <input type="checkbox"/> Postcard
<input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. Computer Readable Form (CRF) <input type="checkbox"/> Computer Readable Form (CRF)  b. Specification Sequence Listing on: <input type="checkbox"/> Paper  c. <input type="checkbox"/> Statements verifying identity of above copies		
<b>Remarks</b> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-1075</u> , Account No. <u>003443-0095-101</u> . I have enclosed a duplicate copy of this sheet.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Ropes & Gray LLP	Customer No. 1473
Signature		
Printed name	Ryan D. Murphey	
Date	July 11, 2008	Reg. No. 61,156

**EXPRESS MAIL CERTIFICATION (EM125015485US)**

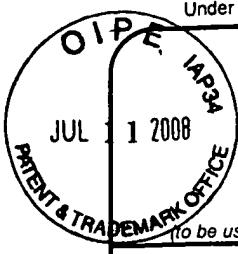
I hereby certify that this correspondence is being EXPRESS MAILED to the USPTO or deposited with the United States Postal Service with sufficient postage as express mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Sarah Schlie
Date	July 11, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

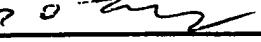
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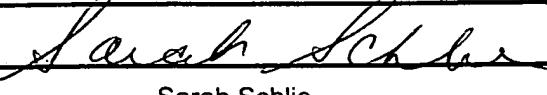
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<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <ul style="list-style-type: none"> <li>a. Computer Readable Form (CRF)               <ul style="list-style-type: none"> <li><input type="checkbox"/> Computer Readable Form (CRF)</li> </ul> </li> <li>b. Specification Sequence Listing on:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Paper</li> <li><input type="checkbox"/> Statements verifying identity of above copies</li> </ul> </li> </ul>	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Notice of Appeal) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): <b>Request for Continued Examination</b>  <input type="checkbox"/> Postcard
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div> <p>The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-1075</u>, Account No. <u>003443-0095-101</u>. I have enclosed a duplicate copy of this sheet.</p>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Ropes & Gray LLP	Customer No. 1473
Signature		
Printed name	Ryan D. Murphey	
Date	July 11, 2008	Reg. No. 61,156

## EXPRESS MAIL CERTIFICATION (EM125015485US)

I hereby certify that this correspondence is being EXPRESS MAILED to the USPTO or deposited with the United States Postal Service with sufficient postage as express mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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JUL 11 2008

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 3,040.00)

### Complete If Known

Application Number	10/650,326
Filing Date	August 28, 2003
First Named Inventor	Keith A. Hruska
Examiner Name	Christina M. Borgeest
Art Unit	1649
Attorney Docket No.	JJJ-P01-599 (STK-P01-599)

### METHOD OF PAYMENT (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

This application is being filed unaccompanied by a filing fee. The appropriate filing fee will be paid in response to a Notice to File Missing Parts, pursuant to 37 C.F.R. § 1.53(f).

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

\* The filing fee has been calculated based on the claims after entry of the enclosed Preliminary Amendment.

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

##### Small Entity

Fee (\$)    Fee (\$)

50    25

Each independent claim over 3 (including Reissues)

210    105

Multiple dependent claims

370    185

##### Total Claims

Extra Claims    Fee (\$)    Fees Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

##### Multiple Dependent Claims

Fee (\$)    Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

\_\_\_\_\_    \_\_\_\_\_

##### Indep. Claims

Extra Claims    Fee (\$)    Fees Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

\_\_\_\_\_    \_\_\_\_\_

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = _____	/50= _____	(round up to a whole number) x _____	= _____	<u>Fee Paid (\$)</u>

#### 4. OTHER FEE(S)

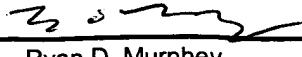
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination  
Petition for Extension of Time

810.00

2,230.00

### SUBMITTED BY

Signature		Registration No. 61,156 (Attorney/Agent)	Telephone 212-596-9000
Name (Print/Type)	Ryan D. Murphey		Date July 11, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

**FEE TRANSMITTAL**  
**For FY 2008**

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$ 3,040.00)

**Complete If Known**

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 Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_

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	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>
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Design	210	105	100	50	130	65
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**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$)

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Each independent claim over 3 (including Reissues)

210      105

Multiple dependent claims

370      185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
- 20 or HP =	x	=	

Multiple Dependent ClaimsFee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
- 3 or HP =	x	=	

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- 100 =	/50=	(round up to a whole number) x	=	

<u>Fee Paid (\$)</u>
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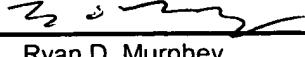
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